

Substitute for Form FIC-875

Application or Docket Number

Application or Docket Number  
1064712

(Column 1)

(Column 2)

## FIELD STUDY

OR

OTHER THAN  
SMALL ENTITY

	(Column 1)	(Column 2)
<del>FOR</del>	<del>NUMBER FILED</del>	<del>NUMBER EXTRA</del>
<del>BASIC FEE (37 CFR 1.16(a))</del>	<del></del>	<del></del>
<del>TOTAL CLAIMS (37 CFR 1.16(c))</del>	<del>minus 26 =</del>	<del></del>
<del>INDEPENDENT CLAIMS (37 CFR 1.16(b))</del>	<del>minus 5</del>	<del></del>
<del>MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))</del>		

\* If the difference in column 1 is less than zero, enter "-" in column 2.

## CLAIMS AS AMENDED – PART II

(Column 1)

Column 2)

(Column 3)

# AMENDMENT A

	CLAIMS REMAINING AFTER AMENDMENT		LARGEST NUMBER PREVIOUSLY AD FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	* 21	Minus	** 21	= 0
Independent (37 CFR 1.16(b))	* 1	Minus	** 7	= 8
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

## AMENDMENT B

(Column 1)			Column 2	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY AID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	*	Minus		=
Independent (37 CFR 1.16(b))	*	Minus		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

## AMENDMENT C

(Column 1)			(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT			HIGHER NUMBER PREVIOUSLY AID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	*	Minus		=
Independent (37 CFR 1.16(b))	*	Minus		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" in this SPA is less than 20, enter "0" in column 3.
- \*\*\* If the "Highest Number Previously Paid For" in this SPA is 20 or more, enter the highest number previously paid for in column 3.

This collection of information is required by 37 CFR (USPTO to process) an application. Confidentiality includes gathering, preparing, and submitting the information on the amount of time you require to complete this form.

Address and Trademark Office, U.S. Department of Commerce.

**ADDRESS: SEND TO: Commissioner for Patents, U.S. Patent and Trademark Office, Washington, DC 20590.**

Column 2, write "0" in column 3.  
HIS SPA, E is less than 20, enter  
HIS SPA, F is less than 3, enter  
or Index; and (n) is the highest st  
16. The information is required  
ferred by 35 U.S.C. 122 and 37  
ated application form to the US  
and/or suggestions for funding  
C Box 145, Alexandria, VA  
2, Box 1150, Alexandria, VA 2

\* appropriate box in column 1.

a benefit by the public which is to file (and by the collection is estimated to take 12 minutes to complete, depending upon the individual case. Any comments be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, D.C. 20590. **SEND FEES OR COMPLETED FORMS TO THIS**

If you need assistance in completing the form, call 1-8

## subsection 2.